TAR UPDATE TRANSMITTAL FORM 18-3

• FROM:	County Mental Health
• RETURN TO:	California MMIS Fiscal Intermediary P.O. Box 15200 Sacramento, CA 95851-1200
 On this form fill in the corrected information only. DO NOT fill in items which will not change. If you wish to "Cancel" the TAR: Write in blue or black ink "Cancel" (comments/explanation) 	
3. Fill in the original TAR Control Number, Date Change Effective, and sign at the bottom of this form.	
4. ATTACH a copy of the original TAR to this form showing corrections in red and mail to the address above.	
RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION E1D02(H) ORIGINAL/ADMIT TAR CONTROL #	BY: COUNTY MENTAL HEALTH CONSULTANT TO DATE AUTHORIZATION IS VALID FOR SERVICES PROVIDER DATE CHANGE EFFECTIVE

PROVIDER: YOUR REQUEST IS: APPROVED APPROVED AS MODIFIED SEE COMMENTS BELOW DENIED REASON AND ALTERNATE RECOMMENDED JACKSON VS RANK PARAGRAPH CODE DATE COMMENTS/EXPLANATION
APPROVED CARE TYPE ACUTE ADMIN DAYS ADMISSION DATE MEDICARE DAYS OF THIS HOSPITALIZATION ARE DENIED DATE OF DAYS DENIED